

SUMMER DAZE DAYCAMP 2018 REGISTRATION FORM

Please Print

PARTICIPANT INFORMATION						
First Name	MI	Last Name	Gender	Birthdate	Grade	T-shirt size: <i>Circle One</i> YS YM YL YXL AS AM AL AXL
PLEASE ASSESS YOUR CHILD'S SWIM ABILITIES. (circle one) non-swimmer weak swimmer strong swimmer						
ADULT PAYEE INFORMATION						
First Name	MI	Last Name	Home Phone ()			
Home Address		City	Zip	Cell Phone and Carrier <i>(required for text messaging)</i> ()		
E-Mail Address				Gender	Birthdate	
EMERGENCY CONTACT INFORMATION						
Parent's Name:		Parent's Name:				
Day Phone:		Day Phone:				
Cell Phone:		Cell Phone:				
EMERGENCY CONTACT (other than parents):						
Name:		Phone:			Relationship:	

PICK-UP AUTHORIZATIONS

I authorize only the following person(s) to pick up my child (other than parents and emergency contact).

Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____
Name: _____	Phone Number: _____	Relationship: _____

SPECIAL HEALTH CONSIDERATIONS OR SPECIAL NEEDS INFORMATION – Please note any information that will help staff effectively supervise your child.

Known allergies, physical limitations, etc.: _____

Current Medications:

**Medications cannot be administered in camp without a completed Medication Release Form on file from doctor.*

→→→→ PLEASE SEE REVERSE SIDE FOR ADDITIONAL REQUIRED INFORMATION →→→→

PARENT AND MEDICAL EMERGENCY TREATMENT CONSENT

PARENT CONSENT: I give permission for my child to participate in the City of Burbank Parks and Recreation day camp program, including trips by van or bus. I agree to hold harmless the City of Burbank, its employees, officials and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in day camp.

I grant the City of Burbank permission to use my or my child(ren)'s photographs and images, including but not limited to video images and sound recording, for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank

Signature of Parent / Guardian: _____ **Date:** _____

MEDICAL EMERGENCY TREATMENT CONSENT: As parent/guardian, I hereby consent to treat my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand that the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

Signature of Parent / Guardian: _____ **Date:** _____

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FOR OFFICE USE ONLY

Received Field Trip Waiver: _____ (staff initial)

Profile Verified on ETrak: _____ (staff initial)

Date Paperwork was Received: _____

Receipt # _____

Filed Electronically: _____ (staff initial)